PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10714236

CLAIMS AS FILED - PART I . (Column 1) (Column 2)								SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Colum	<u>unin 2)</u>			/ T ===	OR 7		·
TOTAL CLAIMS			X 8					RATE	FEE		RATE	FEE
FOR -			NUMBER FILED		NUMBER	EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			2 minus 20= *			<u> </u>		X\$ 9=		OR	X\$18=	144
INDEPENDENT CLAIMS			minus 3 =					X43=		OR	X86=	258
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1.172
CLAIMS AS AMENDED - PART II											OTHER THAN	
		(Column		Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY		
ENT A	8/23/0	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 78	Minus	** Z9	3 =			X\$ 9=	1	OR	X\$18=	1
	Independent	* 6	Minus	*** (=	-		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	•	OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											•	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R I	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				X\$ 9=		OR	X\$18=	1
ME	Ind pendent	•	Minus	***	=]	X43=		00	X86=	
٧	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT C	LAIM] -			OR		
· · · · · · · · · · · · · · · · · · ·								+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
	٠	(Column 1)		(Column	2) (0	Column 3)				•		
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOUS PAID FO	R I	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	<u> </u>		X\$ 9=		OR	X\$18=	. •
	Independent	*	Minus	***			┞	X43=			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					r toun	d in the app	ropriate box	in cot	umn 1.	